

A

2nd Notice

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian MillerC BUILDING B R 2

Name (Print)

4-12-61

Housing Location

2-16-04

Date of Birth

393626

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

My arch on my feet has dropped. I cannot sleep at night for the pain and throbbing. I'm also barely walking it from the building to eat chow.

Julian Miller2-16-04

Date

The below area is for medical use only. Please do not write any further.

S: You have been seen and on this matter Arch Spats has been ordered just takes while pending approval
Can't taking medication given OxyContin

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

Scheduled for chronic care in March (beginning) 2-16-04

A:

P:

Note: 3-17-04 I Julian spoke to Cpt HENRY regarding the medical aspect of my situation and how it was affecting the relationship with security i.e. How long it took us to get E: from the building to the chow hall and when I go straight up to get a tray instead of waiting behind 90 or so people; it sometimes

3/1/99 DE01
FORM#: MED

Provider Signature & Title

Date & Time

looked at as a problem with some of the guards. She told me she couldn't do anything in case it was a medical issue.

B

3rd Notice

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER

Name (Print)

4-12-61

Date of Birth

C BLDG - B RZ

Housing Location

393624

SBI Number

2-22-04

Date Submitted

Complaint (What type of problem are you having)? The medication that was issued to me for the pain in my feet does absolutely nothing. I cannot sleep at night because of the pain in my feet.

Julian Miller

Inmate Signature

2-22-04

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: You are scheduled to see Medical ^{P. M. F. M. R.}
 Note: 4-26-04 Lt. Rider took me to medical to see why no one had responded to my P: medical needs. There Dr. Ali and one of the assistant nurses told Lt. RIDER that I WAS on the list to see Dr. Ali the next day. (4-27-04) Today **REPAIRED** IS 5-1-04 and I haven't seen **REPAIRED** FEB 23 2004
 E: her yet nor have I **REPAIRED** **REPAIRED** **REPAIRED**
 come up on the list.

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

2079

C

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A SBI# : 00393626 Institution : DCC
Grievance # : 2044 Grievance Date : 03/04/2004 Category : Individual
Status : Unresolved Resolution Status : Inmate Status :
Grievance Type: Health Issue (Medical) Incident Date : 01/27/2004 Incident Time : 00:00
IC : Merson, Lise M Housing Location : Bldg C, Tier B, Cell R2, Top

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Feet began to ache on the bottom around the arch. on 2/4/04 I was ordered arch supports and I still haven't received them and my situation is worsening every day.

Remedy Requested : I am an indigent inmate and I would like at least to try those arch supports. I'm probably going to need a special shoe or sneakers though.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 03/12/2004

Investigation Sent : 03/12/2004 Investigation Sent To : Kratsas, Gina

Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A SBI# : 00393626 Institution : DCC
Grievance # : 2044 Grievance Date : 03/04/2004 Category : Individual
Status : Unresolved Resolution Status:
Grievance Type: Health Issue (Medical) Incident Date : 01/27/2004 Inmate Status :
GC : Merson, Lise M Housing Location :Bldg C, Tier B, Cell R2, Top Incident Time : 00:00

INFORMAL RESOLUTION

Investigator Name : Kratsas, Gina

Date of Report 03/12/2004

Investigation Report :

Reason for Referring:

Offender's Signature: Julian Miller

Date : 3/25/04

Witness (Officer) : Jenny Hastings RN, HSA

Arch supports given to inmate on 3/22/04
Schedule Flu & Dr. Alie.

Inmate seen today 5/4/04
Does not qualify for medically
purchased shoes. continue Arch supports
prn. see chart for full note.

Dr. Alie
5/4/04

Resolved

D

4th Notice

1255
DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Julian Miller

Name (Print)

4-12-61

Date of Birth

393626

SBI Number

BUILDING BR 2

Housing Location

3-9-04

Date Submitted

Complaint (What type of problem are you having?)

KEEPING ME AWAKE MOST OF THE NIGHT
 I HAVE NOT RECEIVED THE ARCH SUPPORT
 THAT I THOMA SAID SHE ORDERED ON 2-4-04

Julian Miller

Inmate Signature

3-9-04

Date

The below area is for medical use only. Please do not write any further.

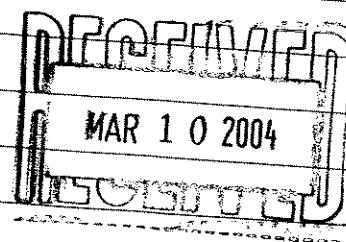
S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: Scheduled to see Medical J. Gonyea

P:

E:



Provider Signature & Title

Date & Time

3/199 DE01

FORM#:

MED

263

E

DR. M.L.

According to the GRIEVANCE COMMITTEE'S INTER-
 MEDIATE IN MY CASE, I'M SUPPOSED TO BE
 SCHEDULED TO SEE YOU IN THE VERY NEAR
 FUTURE. TERI HASTINGS - WHOM I SAW ~~2-26-04~~
 SAID SHE WOULD SCHEDULE ME AN APPOINTMENT
 IN ORDER TO GET MY ~~GRIEVANCE~~ GRIEVANCE RESOLVED.
 I AM WRITING TO ACQUAINT YOU WITH MY SITUATION.
 IN JANUARY MY FEET BEGAN HURTING
 AROUND THE ARCH AREA. FEB 4TH I HAD ORDERED
 ARCH SUPPORTS. AND MARCH 10TH MY FEET AND
 MANKLES BEGAN TO SWELL AT NIGHT ALONG WITH
 POUNDING OR THROBBING ALL THROUGH THE NIGHT. MARCH
 22 MY ARCH SUPPORTS CAME BUT BY NOW MY
 ARCHES HAD FALLEN. MARCH 4TH I FILED OUT A
 GRIEVANCE BECAUSE I WAS IN PAIN AND I DID
 FEEL TO BE GETTING "INADEQUATE TREATMENT". MARCH
 25TH I SAW TERI HASTINGS IN REGARDS TO MY
 GRIEVANCE. BY THAT TIME MY FEET AND LEGS
 TO MY CUFFS ~~WERE~~ WERE SWOLLEN. THEY USUALLY SWELL
 AT NIGHT AND RECESS ONCE I WAS UP MOVIN
 AROUND, BUT NOW THEY REMAIN SWOLLEN FOR
 A TIME. THE ARCH SUPPORTS THAT I HAVE
 NOT DO ANYTHING BUT MAKE MY FEET ACHIE AFTER
 I WEAR THEM FOR ANY LENGTH OF TIME. THE
 THING IS I RECEIVED THEM TOO LATE. MY ARCH
 HAD ALREADY DROPPED WHEN I GOT THEM. I
 GONNA NEED EITHER SNEAKERS ALONG WITH THE
 SUPPORTS, OR CORRECTIVE SHOES. ALSO, WHAT
 MEDICINE THEY HAD ORDERED ME FOR TO TAKE
 FOR PAIN THEY DISCONTINUED; BUT THE PAIN DI

THANK YOU FOR YOUR TIME
 J.M.L.

164170
Julius Miller

(C)

B12

Dr. Miller

We will schedule you to be
evaluated by me to determine where
you are eligible to get medical care
or not.

Mr Miller

5/3/04

F

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A SBI# : 00393626 Institution : DCC
Grievance # : 2919 Grievance Date : 04/19/2004 Category : Individual
Status : Unresolved Resolution Status : Inmate Status :
Grievance Type: Health Issue (Medical) Incident Date : 01/27/2004 Incident Time : 00:00
C : Merson, Lise M Housing Location : Bldg C, Tier B, Cell R2, Top

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I would like to be examined to see if there's more going on with my feet then just fallen arches. I've been in pain now for 3 months. I can't sleep at night because of the pain in my feet legs and up. My calves swell when I lay on my side. I was supposed to be scheduled to see dr. alie sinfce march 25 as a result of my first grievance, but I haven't seen her yet.

Meddy Requested : I know I need corrective shoes and or sneakers. But I would also like to be checked to see what other damage has been dcne and why my feet and leg stay swollen.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 04/26/2004

Investigation Sent : 04/26/2004 Investigation Sent To : Hastings, Terry L

Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 2919	Grievance Date : 04/19/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/27/2004	Incident Time : 00:00
IC : Merson, Lise M	Housing Location : Bldg C, Tier B, Cell R2, Top	

INFORMAL RESOLUTION

Investigator Name : Hastings, Terry L

Date of Report 04/26/2004

Investigation Report :

Reason for Referring:

Inmate seen by Dr Alice on 5/4/04 Started on
new med. for postherpetic neuralgia (gabapentin)

Offender's Signature: Julian Miller

Date : 5-7-04

Witness (Officer) : Elith Rivera, RN

G

4505
DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julia Miller C BLDG BLZ
 Name (Print) Housing Location
4-17-61 393626 5-24-04
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? My medication was discontinued 5-14-04 for pain and I still am in pain. I can't sleep over two hrs. without my feet throbbing. Plus my legs and feet swell up in my sleep.
Julia Miller 5-21-04
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

Scheduled for mid level provider - 5/20/04

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature & Title

3/1/99 DE01

FORM#:

MED

263

